29:Dunn S-4 (1952)1952 MI Middle East
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poverty probably unequalled anywhere in the world. Throughout the centuries, production has declined as neglect and misuse have drained the fertility from the soils and permitted salt to seep in and ruin for cultivation thousands of acres in this Garden of Eden.

The people, undernourished and ravaged by disease, have degenerated as the land has deteriorated. One would never guess that the present inhabitants, oppressed by poverty and ignorance, were in any way related to those men who shaped the history of the world for so many centuries.[1] Many

[1] [Text continues on p. 88--Analyst]

Table 27

IRAQ: Specified Exports as Per Cent of Total Exports
1937, 1949, 1950, and 1951
Value

Item	1937	1949	1950	1951
	Per Cent			
Crude Petroleum	65	58	51	51
Barley	7	20	19	21
Dates	6	11	10	19
Others	22	16	20	9
Total	100	100	100	100
Total Value Converted to Millions of Dollars	70	92	124	166

SOURCE: International Monetary Fund.

Table 28

IRAQ: Exports to Specified Countries as Per Cent of Total Exports
1937, 1949, and 1950
Value

Country	1937	1949	1950
	Per Cent		
France	51	25	38
United Kingdom	19	14	12
United States	7	2	6
India	2	9	3
Netherlands		8	7
Others	22	42	34
Total	100	100	100

SOURCE: International Monetary Fund.

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pal population centers and radiate from Baghdad and Mosul to cities in Syria, Iran and Turkey. The Tigris is navigable to barges from Basra to Baghdad throughout the year, and to smaller craft as far as Mosul during the high-water season. The Shatt al Arab is open to ocean-going vessels, and Basra, about 85 miles from the Persian Gulf, is one of the major ports of the Middle East. A government-operated railroad, part of the famous "Berlin to Baghdad" railway, runs from Basra to Baghdad and Mosul, with connections through Aleppo to Istanbul. A branch line extends from Baghdad to Kirkuk, Erbil and Khanaquin. A government-owned airline serves Iraq and the neighboring countries, while international lines from Europe to Africa and the Far East stop at Baghdad and Basra.

Food and Nutrition

The nutrition of the people is governed by the cultural habits of the different racial and social communities, the economic status of the individual families and the food supplies available under diverse climatic conditions. Undernutrition is prevalent among the poorer inhabitants—tenant cultivators, urban laborers and nomadic tribes—who make up over three quarters of the population. Wheat, barley, rice and dates are the staple food crops of the country, while vegetables and fruits, other than dates, are frequently scarce. Wheat is widely grown, primarily in the rainfall areas of the north, but also in the irrigated riverain zones of the south. Barley is cultivated extensively, and, like wheat, is used in the preparation of breads and of *burghul*, a coarse-grained cereal product typical of this region. Millet and maize are common crops in the south. Rice is produced in certain lowland districts in the Kurdish highlands and on the fringes of the southern marshes, and is a popular food among all sections of the population. Peas, beans and lentils are usually consumed throughout the year, and tomatoes, eggplant and different root and green vege-

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244 tables in season. Citrus fruits flourish in the irrigated areas of Kerbela province and in the Diyala river valley, while grapes, apricots and other fruits grow in various localities. Numerous species of dates are cultivated, especially in the Shatt al Arab and lower Euphrates basins: they represent one of the basic foods of the people.

511 The financial circumstances of most families prohibit the consumption of meat,
233 except at irregular intervals. Sheep and goats are raised in large numbers, both by the settled and the nomadic peoples, and constitute the principal sources of
224 meat. Fish are a valuable food among
231 the peoples living in the river valleys and along the coast. Fowl are kept in the rural
262 villages. Milk is a standard article of diet
334 wherever it is obtainable. The milk of sheep or goats is most widely used, but that of cows, water buffaloes and camels is utilized in many areas. Milk is normally consumed in the form of buttermilk or a soured milk product, known as *leban*. Cheese is also made, but it is rarely as popular as in other Arab countries. Clarified butter and the fats derived from the tail tissues of the local breeds of sheep are important sources of fat among all population groups.

262 The least diversified diets are probably found among the nomadic tribes, who subsist on the products of their herds, supplemented by dates and wheat or barley breads. Camel's milk is employed by the
[234] nomadic Bedouin. The tribal Arabs of the southern marshes depend largely upon the milk of the water buffalo, fish and wild waterfowl, rice and occasional edible rushes.

146 Measures to raise the standards of nutrition among the various urban and rural groups are being studied by educational and
165 health authorities. Improper feeding in in-
853 fancy, particularly in the course of weaning, which is often deferred until the second year of life, is a factor contributing to the
146 high mortality among young children. The
657 organization of a national nutrition committee, to function in an advisory capacity to the governmental agencies concerned, and

63:Simmons et al G-5 (1941-1951) 1954
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MH6 657 of a nutrition institute with facilities for research has been proposed.

Housing

342 The dwellings of the rural cultivators, the nomads and the townspeople show considerable variation, conforming to the social customs of the people and the building materials at hand. The villages in the rural areas are typically compact. In the central plains, the houses are usually constructed of sun-dried mud bricks, with flat roofs of palm trunks covered with mud or palm leaves. They may contain one or several rooms opening into a central courtyard, and in the more prosperous families they sometimes have two stories. The livestock are sheltered in sheds in the compounds, in close proximity to the household. Stone replaces mud bricks in many sections of the northern highlands, where the roofs are built of mud or timber. In the mountain districts the villages often nestle on the hillsides surrounded by series of cultivated terraces.

In the south, the houses are traditionally made of woven reeds or palm fronds, although the compounds may be enclosed within mud walls. Woven reed, or *serifa*, huts are used by the seasonal laborers in the date groves, and are being introduced to an increasing extent by impoverished migratory workers in the cities of central and southern Iraq. In 1950, it was estimated that there were at least 60,000 *serifa* dwellers in Baghdad and 20,000 in Basra. Huts are put up on any convenient vacant plot of land and are frequently interspersed among the modern homes in the residential sections. Such *serifa* settlements, in which the living conditions are primitive, create serious public health hazards. More elaborate reed houses, built on islands or on brushwood or reed rafts, are characteristic of the villages of the "marsh Arabs" in the rice-growing areas and swamplands of the southern delta. In contrast, the nomadic peoples live in black tents of hair cloth or skins, of a type which has persisted for centuries.

milk products, or from contact with infected animals. From 5 to 97 cases were treated annually in government institutions in the 6 years 1944-49. In the examination of 2,548 blood serum specimens sent to the Wassermann laboratory in Baghdad in 1938,[4] positive agglutination with Brucella antigens was obtained in 6 per cent. *Br. melitensis* was isolated from 5 of the 13 samples from which bacteriologic cultures were made.

Diseases Spread Chiefly Through the Respiratory Tract

Tuberculosis. Tuberculosis is among the most serious diseases in Iraq. In 1944-49, from 3,400 to 6,800 cases of pulmonary and from 1,400 to 3,100 of nonpulmonary tuberculosis were recorded annually. Such figures are of little value in assessing the problem, however, due to inadequate reporting and the shortage of diagnostic and treatment facilities. Local authorities estimate that the prevalence of latent or active infections approximates at least 25 to 30 per cent in many villages in the vicinity of Kirkuk and Basra, and undoubtedly in other areas. Widespread undernutrition and low standards of living, associated with overcrowding and ignorance of the basic principles of hygiene, are factors contributing to the spread of the disease. The death rates are known to be high, but little precise information is available. It is believed that a considerable number of tuberculosis deaths are erroneously attributed to pneumonia and other respiratory infections. Moreover, the inhabitants are often reluctant to admit the presence of tuberculosis in the family due to the stigma customarily attached to the disease. In the decade 1941-50, an average of 760 cases were treated in government hospitals each year, with a fatality rate of about 25 per cent. The maximum number of cases occurred in the group from 16 to 30 years of age.

All types of tuberculosis are encountered. Involvement of the bones or the glands accounts for a large proportion of the non-

only 1 case, in which the diagnosis was confirmed by laboratory examination, had been recorded. Potential sandfly vectors of kala-azar are apparently absent in the southern and the central provinces, but they may exist in the northern highlands.

Other Infections. Sandfly fever is endemic, and, in the delta region, reaches epidemic proportions every few years. From 842 to 4,688 cases were recorded annually in 1944-49. The sandfly vector, *Phlebotomus papatasii*, is widely distributed. The season of transmission usually extends from May to November, with a peak in June or July. Outbreaks of dengue fever are sporadic in the south.

Cases of elephantiasis of undetermined origin are occasionally encountered, but *Wuchereria bancrofti* is not known to be present. Guinea worm infections are sometimes seen in pilgrims from southern Iran, but no indigenous cases have been recorded.

Nutritional Diseases

Undernutrition, anemia and avitaminosis are prevalent, especially among the wage-earning classes in the cities and the impoverished peasants of the south. Clinical manifestations of vitamin A and vitamin C deficiencies are widespread. In general, serious nutritional diseases tend to be more or less localized in distribution, depending upon the dietary habits and the standards of living of the people. Rickets is common, and from 100 to 2,387 cases were treated annually in the government institutions in 1944-49. Cases of scurvy and of osteomalacia are numerous. Beriberi and pellagra are sporadic, but minor symptoms of riboflavin deficiency are frequently observed. Protein edema is rare. A form of cirrhosis of the liver is encountered in which malnutrition is believed by some authorities to be a contributory factor.

Miscellaneous Conditions

Infectious hepatitis is endemic, and large-scale epidemics are reported occasionally. Encephalitis lethargica is sporadic.

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146 standards of the different urban and rural peoples vary, but undernutrition and avitaminosis are widespread.

164 Malaria, schistosomiasis hematobia, trachoma and tuberculosis are of major public health importance. Enteric fevers, amebic and bacillary dysenteries, hookworm infection, helminthiasis, venereal diseases, rheumatic fever, pneumonia, cutaneous leishmaniasis and various skin and eye diseases are prevalent. Bejel is widely distributed among the nomadic and the seminomadic populations. Epidemics of smallpox and louse-borne typhus occur almost annually. Localized outbreaks of diphtheria and meningococcus meningitis are sporadic. Measles,

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